Failure to Progress: is it so common?

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Objective: Increasing rate of cesarean section is world-wide concern, and failure to progress (FTP)/ cephalopelvic disproportion (CPD)/ dystocia is a frequent cause of unplanned cesarean section for the nulliparae. But this diagnosis may be sometimes arbitrary, subjective, incorrect, and variable.

Methods: To confirm whether this diagnosis has been appropriate or not, we examined retrospectively the indication of cesarean section for the nulliparae in cephalic presentation after 37 weeks gestation and compared clinical profiles of the vaginally delivered nulliparae and those of cesarean section due to FTP/CPD/dystocia.

Clinical settings: A private OB/GYN clinic, where mainly low risk pregnancy/delivery is accepted. Vacuum extraction is used when appropriate, but forceps delivery is not used in our clinic.

Results: During 10 years (2004-2013), we had 1614 nulliparous deliveries. 1562 delivered vaginally, 52 had cesarean section, of which 45 were diagnosed FTP, five were diagnosed non-reassuring fetal status. The clinical features were as follows:

age  height  weight  BMI  days weight(baby)
Vaginal delivery (n=1562)  29.7  158.5  50.7  20.16  278  2998
FTP (n=45)  33.3  155.4  52.4  21.63  284  3338

All but maternal weight were significantly different between the two groups.

Cesarean section rate for FTP was 2.8%. Duration of the first and second stage of labor of vaginal deliveries was as follows: average: 754, 94min, median: 580, 56min, 5th percentile: 170, 14 min, 95th percentile: 1950, 282 min for the first and second stage, respectively. The number of patients with second stage of labor longer than two hours (three hours in case of epidural use) was 320 out of 1562 (20.5%).

Conclusions: Low Cesarean section rate of nulliparae can be achieved if slowly progressing labor and delivery are allowed.

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